

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034221

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

93

Primary Registration District No.

Registrar's No.

62-59

FILED OCT 8 1962

VS 300  
Rev. 4/59

6290

20290

3

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5

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9420.1

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY Dade

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN LockwoodLength of stay in 1b  
5 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Memorial HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Dade

c. CITY OR TOWN Greenfield

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Route #2Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Benjamin McKinley Franklin4. DATE OF DEATH Month Day Year  
Sept. 29, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5-20-1896

## 9. AGE (last birthday)

66

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Farm

## 11. BIRTHPLACE (City and state or country)

Dade Co., Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Swayze D. Franklin

## 13b. MOTHER'S MAIDEN NAME

Mary Elizabeth Gass

## 14. NAME OF HUSBAND OR WIFE

Mildred Franklin

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WWI

## 16. SOCIAL SECURITY NO.

17. INFORMANT Address R#2  
Mrs. Mildred Franklin, Greenfield, Mo.18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocardial Infarction

## INTERVAL BETWEEN ONSET AND DEATH

6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 9/29/62 to 9/29/62 and last saw him alive on 9/29/62

Death occurred at 8:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

Lee A. McNeel, Jr.

## 22b. ADDRESS

M.D. Greenfield, Mo.

## 22c. DATE SIGNED

10/1/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Oct. 2, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Greenfield Cem.

## 23d. LOCATION (City, town, or county)

Greenfield, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

J. C. Canada, Greenfield, Mo.

## 25. DATE RECD. BY LOCAL REG.

10-2-1962

## 26. REGISTRAR'S SIGNATURE

J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

Lee A. McNeel, Jr., M.D.

OCT 9 1962

OCT 10 1962

OCT 29 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. C. Canada  
Licensed Embalmer No. 4196

P. O. Address Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.